MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03963

3966 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. 40
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. 40
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Arthur (Last) Beddow

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 11, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired Supt. of Metropolitan Life Ins. Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsburgh = Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur Thomas Beddow

14. MOTHER'S MAIDEN NAME: Lemore Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 043-03-1842

17. INFORMANT & ADDRESS: Mrs. Grace Beddow Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) myocardial Infarction — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Disease — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 53, to 4/27/, 19 54 that I last saw the deceased alive on 4/10/, 19 54 and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE M Cof (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 4/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 4-27-54 NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery LOCATION (City, town, or county) (State) Elkton, Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR 4/25/54 REGISTRAR'S SIGNATURE N.H. Meeries 24. FUNERAL DIRECTOR ADDRESS Maurice E. Newnam & Son Easton, Md.

VS. A15

RECEIVED
MAY 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03964

3967 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40
LENGTH OF STAY (in this place) 1 month 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethlehem 05x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alva (Middle) (Last) Blades
4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 22, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): storekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Blades
14. MOTHER'S MAIDEN NAME: Margaret Frazier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Lillian Blades - Bethlehem Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0
Immediate cause (a) Pulmonary embolism
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombosis of pelvic veins (?)
DUE TO
(c) Generalized arteriosclerosis (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1954, to 4-22, 1954, that I last saw the deceased alive on ....., 19....., and that death occurred at 9 08 am, from the causes and on the date stated above.
SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Carlton Maryland DATE SIGNED 24 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/24/54 NAME OF CEMETERY OR CREMATORY Linchester LOCATION (City, town, or county) Preston Md (State) BD
DATE REC'D BY LOCAL REGISTRAR 4/23/54 REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR H. M. Hollis ADDRESS Preston

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03966

3968 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 49 LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston 05 X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Bay (Middle) (Last) Butler
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: April 13, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 6 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Walter Tilghman
14. MOTHER'S MAIDEN NAME: Jean Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Jean Butler (Mother) Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
760.5
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 1954 to 4-20, 1954 that I last saw the deceased alive on 4-20, 1954, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE John E Bayliss (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 4/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/22/54
NAME OF CEMETERY OR CREMATORY Preston
LOCATION (City, town, or county) Preston (State) md
DATE REC'D BY LOCAL REGISTRAR 4/21/54
REGISTRAR'S SIGNATURE M. A. Reeves
24. FUNERAL DIRECTOR S. S. Frampton & Son ADDRESS Federalsburg, Md

2044161280

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1954
BUREAU V. S.

03967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3987

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - EASTON X
LENGTH OF STAY (in this place): 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: DOVER ROAD - R.D. X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X RURAL - EASTON
STREET ADDRESS (If rural, give location): DOVER ROAD - R.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): PERCY LEROY COX

4. DATE OF DEATH (Month) (Day) (Year): APRIL 28 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: FEB. 3, 1881
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: RET. FARMER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DANIEL H. COX
14. MOTHER'S MAIDEN NAME: CLARA EUGINIA JUMP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MRS. MYRT S. COX, EASTON R.D., MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease 420.0	1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis -	1951 -
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: no

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 1-2, 1953, to 4-29, 1953, that I last saw the deceased alive on 4-29, 1954, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: William L. Winters — (Degree or title): MD — ADDRESS: Easton Md - — DATE SIGNED: 4-30-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: APR. 30 1954
NAME OF CEMETERY OR CREMATORY: SPRING HILL CEMETERY
LOCATION (City, town, or county) (State): EASTON, MARYLAND

DATE REC'D BY LOCAL REG.: 4/30/54
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: H. Hampton Carroll Jr. — ADDRESS: EASTON, MD.

RECEIVED
MAY 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03968

3969 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton HO
LENGTH OF STAY (in this place) 33 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville 17X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Annie (Last) Crouch
4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec 13, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr John Selby
14. MOTHER'S MAIDEN NAME: Margaret Bareford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mr Louis Crouch

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
570.5
Immediate cause (a) Intestinal obstruction — Interval Between Onset And Death: 2 wks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
260X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — (?)

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1954, to 4/1, 1954, that I last saw the deceased alive on 4/1, 1954, and that death occurred at 11 05 pm., from the causes and on the date stated above.
SIGNATURE Marion Harrison (Degree or title) D.D. ADDRESS Carlton Maryland DATE SIGNED 7 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/3/54
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md
DATE REC'D BY LOCAL REGISTRAR 4/2/54
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03969

3970 CERTIFICATE OF DEATH Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Piet (Last) Davis

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 6, 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry A. Piet

14. MOTHER'S MAIDEN NAME: Laura A. Hoff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ✓

17. INFORMANT & ADDRESS: J. Willard Davis Easton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastasis to liver — Interval Between Onset And Death: 7 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Interstitial Sarcoma of uterus — 6 months

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 9.53 & March 11.54

19b. MAJOR FINDINGS OF OPERATION: 1 Hysterectomy 2 Gall Stone + Exploration of Laparotomy

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1954, to 4-26, 1954, that I last saw the deceased alive on 4-26, 1954, and that death occurred at 9.25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. J. Bucci M.D. ADDRESS Easton Maryland DATE SIGNED 4-27-54.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF April 28, 54 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/27/54 REGISTRAR'S SIGNATURE N. H. Nevers

24. FUNERAL DIRECTOR Wm. Cook ADDRESS Easton Md

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

Film#G165 Item# 9
5/3/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03970

3988 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Trappe X
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Trappe Y
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): John (First) Wesley (Middle) Diamond (Last)

4. DATE OF DEATH: April (Month) 19 (Day) 19 54 (Year)

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 20, 1896

9. AGE last birthday: 58 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farm owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co., Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. R. Diamond

14. MOTHER'S MAIDEN NAME: Sarah Dyott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): N

(If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Bertha Diamond - Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X
Immediate cause — (a) Diabetic Coma — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Diabetes — 5 yrs.
DUE TO (c) Valvular Heart Disease — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED While at Work ☐ Not While At Work ☐** — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Feb., 1950, to May, 1954, that I last saw the deceased alive on Apr. 18, 1954, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E. Seymour M.D. — ADDRESS: Trappe — DATE SIGNED: 4/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — **DATE THEREOF:** 4-21-54 — **NAME OF CEMETERY OR CREMATORY:** Spring Hill Cemetery — **LOCATION (City, town, or county) (State):** Easton, Talbot Maryland.

DATE REC'D BY LOCAL REGISTRAR: 4/20/54 — **REGISTRAR'S SIGNATURE:** N. H. Nevins

24. FUNERAL DIRECTOR ADDRESS: Maurice E. Newnam & Son Easton, Md.

VS. A15

RECEIVED
APR 27 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03972

3971 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 3mo 25da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Dollman

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: June 5 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Dollman
14. MOTHER'S MAIDEN NAME: Ellen Freezer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Mary Dollman Claiborne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X

Immediate cause (a) Hypostatic Pneumonia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Padgett's Disease

DUE TO (c) Osteogenic Sarcoma

Interval Between Onset And Death 3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1
19b. MAJOR FINDINGS OF OPERATION Osteogenic Sarcoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1953, to APR. 8, 1954, that I last saw the deceased alive on 4.8, 1954, and that death occurred at 1:58, from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold A Kinnamon M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/10/54
NAME OF CEMETERY OR CREMATORY Boyman
LOCATION (City, town, or county) Boyman (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/9/54
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1974
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03973

3972 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) ~~[illegible]~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Warner (Last) Draper, Jr.
4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 8 - 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Delaware Importers
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Warner Draper
14. MOTHER'S MAIDEN NAME: Anne Jane Dulin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.: 215-03-7579
17. INFORMANT & ADDRESS: Mrs Ruth Draper (wife) Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary occlusion
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐ Partial

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) Pathologist C. Schmid, M.D. ADDRESS Canton Memorial Hosp. DATE SIGNED 8 April 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4/9/54 NAME OF CEMETERY OR CREMATORY Chesterfield LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR 4/8/54 REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1944
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03974

3973 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 28 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Route #4

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Greenwood

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1954

5. SEX: M
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-16-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 28 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Julius L. Greenwood
14. MOTHER'S MAIDEN NAME: Margaret Swann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 760.5 (a) Intraventricular hemorrhage — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 ..., to ....., 19....., that I last saw the deceased alive on ....., 19 ..., and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE Pathologist C. Schmidt, M.D. (Degree or title) ADDRESS Easton Memorial Hosp. DATE SIGNED 20 Apr 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF APR. 19, '54
NAME OF CEMETERY OR CREMATORY Greenmount Cemt.
LOCATION (City, town, or county) Hillsboro, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4/18/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR W. Frampton Carroll, Jr. ADDRESS Easton, Md.

2344 2 13-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 07 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03975

3974 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton HO
LENGTH OF STAY (in this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) E (Last) HARRIS
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 18-1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H. W.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Mr. Charles E. Cullamon
14. MOTHER'S MAIDEN NAME: Mamie Ferguson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Harry C. Harris, Cordova Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443x (a) Pulmonary infarction — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombophlebitis

DUE TO

(c) Hypertensive cardio-vascular disease — 8 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1954, to 4/3, 1954, that I last saw the deceased alive on 4/3, 1954, and that death occurred at 7 50 PM, from the causes and on the date stated above.

SIGNATURE Lino Cedeno (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 4/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/6/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 4/4/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR M. C. Newman & Son
ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3975 CERTIFICATE OF DEATH

03976

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (in this place) 3 mo 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 124 Goldsborough St

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) (Last) Holden
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 30, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Matthew T. Goldsborough
14. MOTHER'S MAIDEN NAME: Eliza Land

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr. Leavenworth Holden Havre Grace Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Pulmonary edema

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic heart disease

DUE TO

(c) arteriosclerosis general & cerebral

Interval Between Onset And Death: [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1954, to Apr 21, 1954, that I last saw the deceased alive on Apr 20, 1954, and that death occurred at 12:05 am Apr 21, 1954, from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Jamison M.D.
ADDRESS Easton Maryland
DATE SIGNED 2 - Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr 24 54
NAME OF CEMETERY OR CREMATORY Loring Hill Cemetery
LOCATION (City, town, or county) Easton Md (State)
DATE REC'D BY LOCAL REGISTRAR 4/22/54
REGISTRAR'S SIGNATURE N. H. Nelson
24. FUNERAL DIRECTOR John D. Williams
ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03977

3976 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Rochester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harlock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) Francis (Last) Holloway

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: April 2 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farming
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Holloway
14. MOTHER'S MAIDEN NAME: Lucinda E. Morris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mrs Rebecca Bonne, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: Nos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1954, to 4/12, 1954, that I last saw the deceased alive on 4/12, 1954, and that death occurred at 9:23 pm., from the causes and on the date stated above.
SIGNATURE Thomas M. Harrison (Degree or title) M.D. ADDRESS Carlton Maryland DATE SIGNED 13 April 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/15/54
NAME OF CEMETERY OR CREMATORY Forest Grove
LOCATION (City, town, or county) Parsonsburg (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4/13/54
REGISTRAR'S SIGNATURE N. A. Neiris
24. FUNERAL DIRECTOR J J Frampton Son Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03978

3977 CERTIFICATE OF DEATH

Reg. Dist. No. 2-70

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton #4; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 s west st X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton #4; STREET ADDRESS (If rural give location) 112 S. West St.

3. NAME OF DECEASED: (First) William (Middle) H. (Last) Kellum

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-25-88

9. AGE last birthday: 65 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Kellum

14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-01-8094

17. INFORMANT & ADDRESS: Grace Kellum, Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Rupt Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSE (B) DUE TO Hypertension & Arteriosclerosis — yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10 , 19 54 to 4-13 , 19 54, that I last saw the deceased alive on 4-12 , 1954, and that death occurred at 7 P. M., from the causes and on the date stated above.

SIGNATURE W. F. Burrell M. D. ADDRESS Easton Md DATE SIGNED 4-15-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/15/54

NAME OF CEMETERY OR CREMATORY Troyer Cem.

LOCATION (City, town, or county) (State) Easton, Md (R.F.D.

DATE REC'D BY LOCAL REGISTRAR 4/16/54

REGISTRAR'S SIGNATURE M. A. Norris

24. FUNERAL DIRECTOR ADDRESS James R. Dodwell, Easton, Md.

RECEIVED
APR 19 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03979

3978 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 Easton
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) L. (Last) Lambdin

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb 16, 1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Collector
10b. KIND OF BUSINESS OR INDUSTRY: internal revenue
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Lambdin
14. MOTHER'S MAIDEN NAME: Annie R. Lomax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Edna Lambdin (wife) Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Encephalomalacia
DUE TO
(c) Arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) A.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19..... and that death occurred at 12 30 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. A. Schmidt M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 19 April 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 19, 1954
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR 4/17/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03980

3979 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 4 days-2 hrs and; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural give location) 20 N. Hanson St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edgar (Last) Leonard

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-12-69

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Leonard

14. MOTHER'S MAIDEN NAME: Sallie Poole

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Telford C. Leonard, Easton, Md 305 S. Harrison St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) apoplexy DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis generalized DUE TO

(c)

Interval Between Onset And Death: (a) 6 days; (b) several yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 54, to 4/6/..., 19 54, that I last saw the deceased alive on 4/6/..., 19 54 and that death occurred at 10 55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/8/54; NAME OF CEMETERY OR CREMATORY Spring Hill; LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4/6/54; REGISTRAR'S SIGNATURE M.D. Norris

24. FUNERAL DIRECTOR Maurice E. Leonard & Son ADDRESS

APR 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03981

3980 CERTIFICATE OF DEATH Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route I X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton X
STREET ADDRESS (If rural give location) Route I

3. NAME OF DECEASED: (First) Mary (Middle) Anna (Last) Mooney
4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: (Month) (Day) (Year) 1877 (Little) 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Coppuck
14. MOTHER'S MAIDEN NAME: Susan Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James Mooney Easton, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4:43 X		
Immediate cause	(a) Right Hemiplegia	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension Heart Disease	years
	DUE TO (c) Generalized Arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prolapse Tumor (Chord-size of Egg) of Left Breast.	years

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 1948, to 4-9, 1954, that I last saw the deceased alive on 4-8, 1954, and that death occurred at 2.30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. J. Buell Md 19 Goldsborough St Easton Md 4-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/12/54
NAME OF CEMETERY OR CREMATORY Cooperville Cem.
LOCATION (City, town, or county) (State) Easton Rt. I Md.

DATE REC'D BY LOCAL REGISTRAR 4/11/54
REGISTRAR'S SIGNATURE M. H. Meese
24. FUNERAL DIRECTOR ADDRESS James B. Dorsett, Easton, Md.

VS. A15

RECEIVED
APR 19 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03982

3989 CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Harry Parrott

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural give location) Home of Harry Parrott

3. NAME OF DECEASED: (Type or Print) First: SUSAN (Middle): EMILY (Last): RHEA

4. DATE OF DEATH: (Month) APRIL (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-2-1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert James

14. MOTHER'S MAIDEN NAME: Julia Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Harry Parrott: Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 450.0 (a) ... Left Ventricular failure — Interval Between Onset And Death: 2 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) (Valvular heart disease — 5403, 10yrs
DUE TO (c) arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1950, to Apr, 1954, that I last saw the deceased alive on Apr 30, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William D. Seymour,

ADDRESS Trappe

DATE SIGNED 4/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-6-1954

NAME OF CEMETERY OR CREMATORY Speddens Cemetery

LOCATION (City, town, or county) James, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 4-10-54

REGISTRAR'S SIGNATURE John Muse Jr. M.D.

24. FUNERAL DIRECTOR
LeCompte Funeral Service
Cambridge, Maryland
ADDRESS

VS. A15

RECEIVED
APR 19 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03983

3990

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels X
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) oliver (Last) Robinson

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1-15-1894
9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jefferson Robinson
14. MOTHER'S MAIDEN NAME: Minlinda Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT & ADDRESS: Mrs. Mary Butler St. Michaels, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE +41X
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Acute parenchymatous nephritis — INTERVAL BETWEEN ONSET AND DEATH: 5 mo.
DUE TO
(B) Acute mycarditis — 3 mo.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1954, to April 28 1954 that I last saw the deceased alive on April 28, 1954, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Howard T. Webb M.D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5-1-54
NAME OF CEMETERY OR CREMATORY: Richards Cem
LOCATION (City, town, or county) (State): Easton, Md

DATE REC'D BY LOCAL REGISTRAR: May 1, 1954
REGISTRAR'S SIGNATURE: Mrs Robt. L. Seeth
24. FUNERAL DIRECTOR: James B. Darkiell ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03984

3981 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton H
LENGTH OF STAY (in this place) 94hrs-5min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Snowberger
4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-25-54
9. AGE last birthday: yrs. 3 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Carl Snowberger
14. MOTHER'S MAIDEN NAME: Ellen Harrington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Ellen Harrington Snowberger Ridgely Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asystonia Congenita — DUE TO — Interval Between Onset And Death: since birth

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Atelectasis Congenital — DUE TO
(c) Cong. Malf. Hands + fingers

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1954, to 4-29, 1954, that I last saw the deceased alive on 4-29, 1954, and that death occurred at 7:40 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John E Babbitt MD 214 Dover St Easton Md 5-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/1/54 — NAME OF CEMETERY OR CREMATORY Ridgely — LOCATION (City, town, or county) (State) Ridgely Md

DATE REC'D BY LOCAL REGISTRAR 5/1/54 — REGISTRAR'S SIGNATURE N. H. Nevins — 24. FUNERAL DIRECTOR Maurice E Woodall Dir — ADDRESS Ridgely Md

VS. A15

x 14426 1424

RECEIVED
MAY 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03985

3991 CERTIFICATE OF DEATH

Reg. Dist. No. 29-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt
MARYLAND
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton #
STREET ADDRESS (If rural give location) Glenwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Virginia (Last) Goulsby

4. DATE OF DEATH: (Month) Apr. (Day) 13 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Feb. 8, 1901 | 9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Neavitt, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Addison Camper
14. MOTHER'S MAIDEN NAME: Fannie B. Neavitt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: 216-09-6675
17. INFORMANT & ADDRESS: Mrs. Mary Smithers, Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of Liver — Interval Between Onset And Death 3/1/54 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Adeno carcinoma (Simplex) Left Breast — 6 yrs 2 mos.

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 6-5-52 / 3-7-54
19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma Left Breast Simplex (No metastasis) extensive metastasis to liver Complete Records available at Easton
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN)
(COUNTY Talbot) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1954, to Apr. 13, 1954, that I last saw the deceased alive on Apr. 12, 1954, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. J. Buell M.D. ADDRESS Easton Maryland DATE SIGNED 4/13/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 15, 1954
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR Apl 15-54
REGISTRAR'S SIGNATURE Mr Robert R. Seek
24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton, Md

VS. A15

RECEIVED
APR 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03986

3982 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR ~~INSTITUTION OR~~ STREET ADDRESS Memorial Hosp?

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton 05X-2
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) (Last) Statum
4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):
8. DATE OF BIRTH: Feb 22, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. Pleasant Statum
14. MOTHER'S MAIDEN NAME: Mary Ann Ramson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Q
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Lillie M Statum, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Myocardial infarction due?
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic coronary thrombosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9, 1954, to 4/9, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 9:45 AM from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS Easton Maryland DATE SIGNED 3 Apr 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 12, 1954
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) Denton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4/10/54
REGISTRAR'S SIGNATURE N. H. Neeria
24. FUNERAL DIRECTOR J. Virgil Moore ADDRESS Denton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03987

CERTIFICATE OF DEATH

3983

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4
LENGTH OF STAY (in this place) 27 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) Hurley (Last) Price

4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: July 14 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John H. Hurley

14. MOTHER'S MAIDEN NAME: Sarah Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Raymond C. Harper, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Mesenteric Thrombosis — 8 dys

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/9, 1954, to 4/10, 1954, that I last saw the deceased alive on 4/10, 1954, and that death occurred at 7:05 pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Preston Md DATE SIGNED 4/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-13-54 — NAME OF CEMETERY OR CREMATORY Leicheston — LOCATION (City, town, or county) Near Preston (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/11/54 — REGISTRAR'S SIGNATURE N.H. Nevins

24. FUNERAL DIRECTOR J.J. Frampton & Son — ADDRESS Federalsburg, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03988

3992 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural — LENGTH OF STAY (in this place) 8 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Archibald (Middle) Wright (Last) Wallis

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 24 1861

9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months 3 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farm Manager

11. BIRTHPLACE (State or foreign country): Chestertown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur J. Wallis

14. MOTHER'S MAIDEN NAME: Anna Smith Wallis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Ward Cowgill, Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Prostatic Carcinoma with metastases — 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) — DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5- ,1954, to 4-8- ,1954, that I last saw the deceased alive on 4-8- ,1954, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold A. Bartley M.D. — ADDRESS Easton, Md. — DATE SIGNED 4-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 10, 1954 — NAME OF CEMETERY OR CREMATORY Shrewsbury Church Cemetery — LOCATION (City, town, or county) Kennedyville — (State) Md.

DATE REC'D BY LOCAL REGISTRAR [redacted] 4/9/54 — REGISTRAR'S SIGNATURE N. A. Neires — 24. FUNERAL DIRECTOR John D. Williams — ADDRESS Easton, Md.

RECEIVED
APR 19 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03989

3993 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cordova X
LENGTH OF STAY (in this place) 18 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cordova X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Butler (Last) Warner
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH:
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Sisters Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Edward Butler
14. MOTHER'S MAIDEN NAME: Nancy Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Hulda Parrott - Cordova, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
782.4
Immediate cause (a) Myocardial failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition
DUE TO
(c)

Interval Between Onset And Death: 6 mos undeterm.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1943, to April 29, 1954, that I last saw the deceased alive on April 29, 1954, and that death occurred at noon, from the causes and on the date stated above.
SIGNATURE Dent Cedere (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED 5/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF May 1, 54 NAME OF CEMETERY OR CREMATORY Mauhewstown LOCATION (City, town, or county) Mauhewstown (State) Md
DATE REC'D BY LOCAL REGISTRAR 4/30/54 REGISTRAR'S SIGNATURE N. H. Neerees
24. FUNERAL DIRECTOR [signature] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03990

3984 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (In this place) 88 hrs - 48 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton X
STREET ADDRESS (If rural, give location) Rt. #3 Box 123 Easton, Md

3. NAME OF DECEASED (Type or Print) (First) Hugh (Middle) (Last) Wilson
4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1954
5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-9-1900
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Hugh Wilson
14. MOTHER'S MAIDEN NAME Hester Chase
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Julia Wilson Rt. #3 Box 123 Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Fracture cervical spine & skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hiway (CITY OR TOWN) 20 (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 4 (Day) 17 (Year) 54 (Hour) 11 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒ 1
HOW DID INJURY OCCUR? car struck by another car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Whitty (Degree or title) MD DME ADDRESS Easton Md DATE SIGNED 4-21-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/25/54
NAME OF CEMETERY OR CREMATORY New Hoover
LOCATION (City, town, or county) Easton Md (State) R.D.
DATE REC'D BY LOCAL REG. 4/24/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J B Dashiell per T J Hunter ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03991

3985 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. 40 — LENGTH OF STAY (in this place) 12 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market Route #1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20	STREET ADDRESS (If rural give location) 09X-2 ✓

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Winfield (Last) Young. — 4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: 1-4-1887 — 9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: Carpenter — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Young — 14. MOTHER'S MAIDEN NAME: Mary Etta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 712-09-5413 ~~Unknown~~ — 17. INFORMANT & ADDRESS: Oleanor Young East New Market

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1954, to 4-5, 1954, that I last saw the deceased alive on 4-5, 1954, and that death occurred at 6 10 a.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS Easton Maryland DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/8/54 — NAME OF CEMETERY OR CREMATORY East New Market — LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/6/54 — REGISTRAR'S SIGNATURE N. H. Neeries — 24. FUNERAL DIRECTOR J J Frampton Son — ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1954
BUREAU V. S.